


FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v10

Title of Invention	PATIENT NOTIFICATION OF MEDICAL DEVICE TELEMETRY SESSION										
Application Number :	10/724584										
Date :	2004-09-30										
First Named Applicant:	Gregory J. Haubrich										
Attorney Docket Number:	P11280.00										
TOTAL FEE AUTHORIZED \$ 180											
Patent fees are subject to annual revisions on or about October 1st of each year.											
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Submission Of Information Disclosure Stmt Fee</td><td>1806</td><td>180</td><td>180</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Submission Of Information Disclosure Stmt Fee	1806	180	180
Fee Description	Fee Code	Amount \$	Fee Paid \$								
Submission Of Information Disclosure Stmt Fee	1806	180	180								
AUTHORIZED BILLING INFORMATION											
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:											
Deposit account number:	132546										
Access Code	****										
Deposit name:	Medtronic, Inc.										
Deposit authorized name:	Daniel G. Chapik										
Signature:	/Daniel G. Chapik/										
Date (YYYYMMDD):	2004-09-30										
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.											